



For Ecology Use

Fee Paid \$24.00Date 6-4-97State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

#22400 App. fee

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Terry G. Cochran & Jeff L. Cochran Home Tel: (509) 346-9676
Mailing Address 5503 rd 11 S.W. Work Tel: (509) 346-2588
City Royal City State WA Zip+4 99357 + 9607 FAX: (509) 346-- 9716

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: (____) ____ - ____
Mailing Address _____ Work Tel: (____) ____ - ____
City _____ State _____ Zip+4 _____ + _____ FAX: (____) ____ - ____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (5,000 gpm) (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Agricultural Irrigation AND Frost Protection. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See Attachment "A"

Estimate a maximum annual quantity to be used in acre-feet per year: _____

SEASONAL IRRIGATION OF 254 ACRES AND FROST PROTECTION☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>(3)</u> well(s).		
Number of diversions: _____								
Source flows into (name of body of water): _____						Size & depth of well(s): Size: 20" Depth: 700'		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: See Attachment "B"								
<u>(1/4 NE 1/4 SE 1/4; NW 1/4 SE 1/4; NW 1/4 NE 1/4 OR NE 1/4 NW 1/4 all within)</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
1.) N.E.	S.E.	33	17	23	Grant			
2.) N.W.	S.E.	33	17	23	Grant			
3.) N.W.	S.E.	33	17	23	Grant			
For Ecology Use Date Received: <u>6-4-97</u> Priority Date: <u>6-4-97</u>								
SEPA: Exempt/Not Exempt <u>OK</u> EERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>8-8-97</u> By <u>JK</u> Date Returned _____ By _____ WRIA: <u>41</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

Lineshaft Turbine Pump to PVC Mainline and distributed by drip or sprinkler irrigation.

Horsepower size and capacity to be determined upon pump test of completed well.

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

for reference, see new application G3-30060

(Note: both applications are applying to irrigate same place of use = the 254 acres. 2K)

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____ (Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 200

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: 254

use this amount - per 3/20/97 ph call w/ Terry Cochran. 2K

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____

E. Farm uses:
Stockwater - Total # of animals -0- Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. SEE MAP ATTACHMENT "C"

Section 33 is located to the immediate southeast of the intersection of State Route 243 and Highway 26. It is the former Rabanco Hazardous Waste Incinerator site that failed to go beyond the planning stages.

Section 10. REQUIRED MAP

SEE ATTACHMENT "D"

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Jerry Cochran
Landowner for place of use (if same as applicant, write "same")

I have examined this application as required by CEM and find that it is ☒ not a "section"

8/31/98 ☒ not a "section"

G 330057

6-4-97
SEPA—
LEAD AGENCY: 6/13/97
Completion Checklist Received
to
DRAFT EIS ISSUED
APPLICATION FINAL EIS ISSUED
THIS APPLICATION IS NOT EXEMPT:
irrigation (under 500 ft)
exempt under 500 ft

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

SEPA

THIS APPLICATION
IS NOT EXEMPT:

LEAD AGENCY. _____

1/1

Completed Checklist Received

1/1

Determination of Nonsignificance Issued

1/1

Determination of Significance Issued

DRAFT EIS ISSUED

1/1

FINAL EIS ISSUED

1/1

We are returning your application for the following reason(s):	
<div>Examination fee was not enclosed</div>	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<div>Section number(s) is/are incomplete</div>	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
<div>Please provide the additional information requested above and return your application by (date).</div>	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).